

UBI	
OWNER NAME	

WASTE TIRE SITE OWNER ANNUAL REPORT

To renew your license, please complete this report and the Master License Renewal Application. Upon completion, return both forms to the Department of Licensing, Master License Service, at the address shown above.

Please type or print in dark ink.

Bu	siness name						
Bu	siness location						
	STREET ADDRESS						
	CITY		STATE	ZIP			
Fo	r each waste tire carrier doing business at your site provide	the following:					
	For each waste tire carrier doing business at your site, provide the following: BUSINESS NAME						
1							
	BUSINESS ADDRESS (Street, city, state, zip)						
	NUMBER OF TIRES DELIVERED	NUMBER OF TIRES REM	MOVED				
			UBI NUMBER				
2	BUSINESS NAME						
<u>-</u>	BUSINESS ADDRESS (Street, city, state, zip)						
	NUMBER OF TIRES DELIVERED	NUMBER OF TIRES REMOVED					
3	BUSINESS NAME		UBI NUMBER				
	BUSINESS ADDRESS (Street, city, state, zip)						
	NUMBER OF TIPES BELIVEDED						
	MBER OF TIRES DELIVERED NUMBER OF TIRES REMOVED						
1	BUSINESS NAME		UBI NUMBER				
4	BUSINESS ADDRESS (Street, city, state, zip)						
	שטטואבטט אטטאבטט נטוופט, טווץ, אומוס, בווין						
	NUMBER OF TIRES DELIVERED	NUMBER OF TIRES REMOVED					
	Attach additional sheets using the same format if necessary.						
	Attach additional sheets using the Same format it necessary.						
Es	timate the quantities for each waste tire related activity at yo	ur storage site o	during the previous li	cense year:			
WASTE TIRE RELATED ACTIVITY			TOTAL				
	Number of tires deposited at the site						
Number of tires removed from the site							
Number of tires located at the site at the time of this report							

If you have any questions or need assistance, please call the Master License Service at (360) 664-1414 or contact the Department of Ecology, Tire Recycling Project Coordinator at (360) 407-6136.